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## APPLICANTS

Michael B. Metzger, Towson, MD;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

## ADDRESS

GIPPLE & HALE  
6665 A OLD DOMINION DRIVE  
MCLEAN, VA 22101

## TITLE

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